

2009 Alaska Amended Gaming Permit Application

With the exception of the EIN, gaming permit number and the organization name, complete only the information that has changed from information submitted on the original application for this permit year.

Department only: date stamp

826A

Organization Information

| | | | |
|---|---|---|--|
| Federal EIN | Gaming permit # | Phone number | Fax number |
| Organization name | Website address | | |
| Mailing address | City | State AK | Zip + 4 |
| Entity type (check one) | Organization type (check one) for definitions, see AS 05.15.690 and 15 AAC 160.995 | | |
| <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Association | <input type="checkbox"/> Charitable <input type="checkbox"/> Civic or service <input type="checkbox"/> Dog mushers' association <input type="checkbox"/> Educational <input type="checkbox"/> Fishing derby association | <input type="checkbox"/> Fraternal <input type="checkbox"/> Labor <input type="checkbox"/> Municipality <input type="checkbox"/> Non-profit trade association <input type="checkbox"/> Outboard motor association | <input type="checkbox"/> Police or fire department <input type="checkbox"/> Political <input type="checkbox"/> Religious <input type="checkbox"/> Veterans <input type="checkbox"/> IRA/Native village |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Does the organization have 25 or more members who are Alaska residents as defined in your articles of incorporation or bylaws? | | | |

Members in Charge of Games

Members in charge must be natural persons and active members of the organization, or employees of the municipality, and designated by the organization. Members in charge may not be licensed as an operator, be a vendor or an employee of a vendor for this organization. If more than one alternate, attach a separate sheet.

| | | | | | |
|--|--------------------|--|--|--------------------|--|
| Primary member first name | MI | Primary member last name | Alternate member first name | MI | Alternate member last name |
| Social security number | Email | | Social security number | Email | |
| Daytime phone number | Mobile number | | Daytime phone number | Mobile number | |
| Home mailing address | | | Home mailing address | | |
| City | State AK | Zip + 4 | City | State AK | Zip + 4 |
| Has the primary member passed the test? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Permit # under which test was taken | Has the alternate member passed the test? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Permit # under which test was taken |
| Effective date of change | | <input type="checkbox"/> Add <input type="checkbox"/> Delete | Effective date of change | | <input type="checkbox"/> Add <input type="checkbox"/> Delete |

Legal Questions

These questions must be answered. If you answer Yes to either question, see instructions.

- ☐ Yes ☐ No Has any member of management or any person who is responsible for gaming activities ever been convicted of a felony, extortion, or a violation of a law or ordinance of this state, or another jurisdiction, that is a crime involving theft or dishonesty, or a violation of gambling laws?
- ☐ Yes ☐ No Does any member of management or any person who is responsible for gaming activities have a prohibited conflict of interest as defined by 15 AAC 160.954?

We declare, under penalty of unsworn falsification that we have examined this application, including any attachments, and that to the best of our knowledge and belief it is true and complete. We understand that any false statement made on the application or any attachments is punishable by law. By our signatures below, we the primary member, the alternate member, and if applicable, the manager of games, agree to allow the Department of Revenue to review any criminal history we may have, in accordance with 15 AAC 160.934.

| | | |
|---|--------------|------|
| Primary member signature | Printed name | Date |
| President or other officer signature (see instructions) | Printed name | Date |
| Alternate Member In Charge | Printed name | Date |
| Manager of Gaming | Printed name | Date |

Mail to **Alaska Department of Revenue - Tax Division**
PO Box 110420 • Juneau, AK 99811-0420
Phone (907)465-2320 • Fax (907)465-3098
www.tax.alaska.gov/gaming

One copy of the application must be sent to the nearest municipality and borough.
See instructions for mandatory attachments.

826A

Retain a copy for your records

Form 0405-826A.1 web Rev 10/08 for 2009 • page 1

| | | |
|-------------------|-----------------|---|
| Organization name | Gaming permit # | 2009 AK AMENDED GAMING PERMIT APPLICATION GAMES OF CHANCE AND CONTESTS OF SKILL |
|-------------------|-----------------|---|

826A

Facility-based Games (self-directed)

If more than two facilities, attach a separate sheet.

| | | | | | |
|--|---------------|--|------|--------------------|---------|
| <input type="checkbox"/> Add <input type="checkbox"/> Delete | Facility name | Physical address | City | State AK | Zip + 4 |
| Facility type (check one) <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Donated | | Game type (check all that apply) <input type="checkbox"/> Bingo <input type="checkbox"/> Raffle <input type="checkbox"/> Pull-tabs <input type="checkbox"/> Animal classic (chicken)* <input type="checkbox"/> Animal classic (rat race)* <input type="checkbox"/> Special draw raffle** <input type="checkbox"/> Calcutta pool** | | | |

| | | | | | |
|--|---------------|--|------|--------------------|---------|
| <input type="checkbox"/> Add <input type="checkbox"/> Delete | Facility name | Physical address | City | State AK | Zip + 4 |
| Facility type (check one) <input type="checkbox"/> Owned <input type="checkbox"/> Leased <input type="checkbox"/> Donated | | Game type (check all that apply) <input type="checkbox"/> Bingo <input type="checkbox"/> Raffle <input type="checkbox"/> Pull-tabs <input type="checkbox"/> Animal classic (chicken)* <input type="checkbox"/> Animal classic (rat race)* <input type="checkbox"/> Special draw raffle** <input type="checkbox"/> Calcutta pool** | | | |

* restricted game type ** see instructions for mandatory attachments

Area-based Games

If more than two areas, attach a separate sheet.

| | | |
|---|------|--|
| <input type="checkbox"/> Add <input type="checkbox"/> Delete | Area | Game type (check all that apply) <input type="checkbox"/> Raffle <input type="checkbox"/> Contest of skill <input type="checkbox"/> Fish derby <input type="checkbox"/> Dog mushers' contest <input type="checkbox"/> Classic (specify) _____ |
| <input type="checkbox"/> Add <input type="checkbox"/> Delete | Area | Game type (check all that apply) <input type="checkbox"/> Raffle <input type="checkbox"/> Contest of skill <input type="checkbox"/> Fish derby <input type="checkbox"/> Dog mushers' contest <input type="checkbox"/> Classic (specify) _____ |

Manager of Games

Required only for self-directed pull-tabs and bingo.

| | | | | | |
|---|--------------------|--|-------------------|---------------------------------|--------------------------|
| <input type="checkbox"/> Add <input type="checkbox"/> Delete | Manager first name | MI | Manager last name | Social security number | Daytime phone number |
| Home mailing address | | | City | State | Zip + 4 |
| Email | | Has the manager of games passed the test? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Permit # under which test taken | Effective date of change |

Change of Vendor

Vendors may only sell pull-tabs. Attach vendor registration form(s) and fee(s) for each vendor listed.

| | | | | | |
|---|--------------------------|------------------|------|--------------------|---------|
| <input type="checkbox"/> Add <input type="checkbox"/> Delete | Bar or liquor store name | Physical address | City | State AK | Zip + 4 |
| <input type="checkbox"/> Add <input type="checkbox"/> Delete | Bar or liquor store name | Physical address | City | State AK | Zip + 4 |
| <input type="checkbox"/> Add <input type="checkbox"/> Delete | Bar or liquor store name | Physical address | City | State AK | Zip + 4 |
| <input type="checkbox"/> Add <input type="checkbox"/> Delete | Bar or liquor store name | Physical address | City | State AK | Zip + 4 |
| <input type="checkbox"/> Add <input type="checkbox"/> Delete | Bar or liquor store name | Physical address | City | State AK | Zip + 4 |

Change of Operator

Designate operator. If adding an operator, attach a signed operating contract. If more than one change, attach a separate sheet.

| | | | | |
|---|---------------|---------------|--------------|--------------------|
| <input type="checkbox"/> Add <input type="checkbox"/> Delete | Operator name | Business name | Game type(s) | Operator license # |
|---|---------------|---------------|--------------|--------------------|

Multiple-beneficiary Permittee Information (MBP)

Designate the MBP. If more than one change, attach a separate sheet.

| | | | |
|---|----------|--------------|--------------|
| <input type="checkbox"/> Add <input type="checkbox"/> Delete | MBP name | Game type(s) | MBP permit # |
|---|----------|--------------|--------------|

Dedication of Net Proceeds

Describe in detail how the organization's use of net proceeds from gaming activities will change.

| |
|--|
| |
|--|

826A

Retain a copy for your records

Form 0405-826A.2 web Rev 10/08 for 2009 • page 2